**Annex B**

(PNAP APP-13)

## Schedule of Building Materials and Products for Minor Works

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Minor works submission no. *(if available)* :** | **MW** |  |  |  |  |  |  |  |  |  |  |

**Location or address of the minor works *(if minor works submission no. is not available)*:**

**(A1) Fire Resisting Products with Test or Assessment Report**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Building**Product** | Product Name | **Name of Manufacturer and Place of Manufacture (City and Country)** | **Fire Resistance Rating@****(Minutes)** | **Compliance with Relevant Building Regulations and Codes of Practice** | Details of Test or Assessment Report | Remarks/**Comments** |
| Integrity | Insulation | **Name of Laboratory Accreditation Body** | **Name of Laboratory / Assessing Organisation** | **Report No.** | **Date of Test / Assessment Report** | **Validity Date** |
| a) Service lift landing door | ^ |  |  |  |  |  |  |  |  |  |  |  |
| b) Fire rated glazing | ^ |  |  |  |  |  |  |  |  |  |  |  |
| c) Fire-stop or sealing system in wall, floor, etc. |  |  |  |  |  |  |  |  |  |  |  |
| d) Fire dampers**ф** |  |  |  |  |  |  |  |  |  |  |  |
| e) Others |  |  |  |  |  |  |  |  |  |  |  |

@ The performance on stability has to be demonstrated where applicable.

^ Corresponding legend in prescribed plans or plans should be specified where applicable.

ф Part C of the Certificate of Accepted Building Materials and Products in Appendix B of PNAP APP-13 should be completed by RSC(V).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| # In accordance with the registration record□ Enter “✓”in the appropriate box | Date |  |  | Signature# of **□** authorized person *(for minor works with* appointed *prescribed building professionals appointed)* **□** prescribed registered contractor *(for minor works*  *without prescribed building professionals appointed)* |

**Annex B**

(PNAP APP-13)

## Schedule of Building Materials and Products for Minor Works

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Minor works submission no. *(if available)* :** | **MW** |  |  |  |  |  |  |  |  |  |  |

**Location or address of the minor works *(if minor works submission no. is not available)*:**

**(A2) Fire Resisting Products with Certificate of Conformity (CoC)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Building**Product** | Product Name | **Name of Manufacturer and Place of Manufacture (City and Country)** | **Fire Resistance Rating@ (minutes)** | **Compliance with Relevant Building Regulations and Codes of Practice** | Details of CoC | CoC**Scheme** | **Remarks/****Comments** |
| Integrity | Insulation | **Name of Accreditation Body** | **Name of Certification Body** | **CoC No.** | **Date of CoC** | **Validity****Date** |
| a) Fire rated doorset | ^ |  |  |  |  |  |  |  |  |  |  |  |  |
| b) Non-loadbearing fire partition | ^ |  |  |  |  |  |  |  |  |  |  |  |  |

@ The performance on stability has to be demonstrated where applicable.

^ Corresponding legend in prescribed plans or plans should be specified where applicable.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| # In accordance with the registration record□ Enter “✓”in the appropriate box | Date |  |  | Signature# of **□** authorized person *(for minor works with* appointed *prescribed building professionals appointed)* **□** prescribed registered contractor *(for minor works*  *without prescribed building professionals appointed)* |

**Annex B**

(PNAP APP-13)

**Schedule of Building Materials and Products for Minor Works**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Minor works submission no. *(if available)* :** | **MW** |  |  |  |  |  |  |  |  |  |  |

**Location or address of the minor works *(if minor works submission no. is not available)*:**

**(B) Other Building Materials and Products**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Building**Product** | Product Name | **Name of Manufacturer and Place of Manufacture (City and Country)** | **Compliance with Relevant Building Regulations and Codes of Practice** | Details of Test or Assessment Report | Remarks/**Comments** |
| **Name of Laboratory Accreditation Body** | **Name of Laboratory / Assessing Organisation** | **Report No.** | **Date of Test / Assessment Report** | **Validity** **Date** |
| a) Glazing barrier |  |  |  |  |  |  |  |  |  |
| 1. Cast iron pipes & fittings
 |  |  |  |  |  |  |  |  |  |
| 1. Others
 |  |  |  |  |  |  |  |  |  |

 \*I/We confirm that the above mentioned building products have been tested or assessed as stated and hereby certify that the application and performance of these products comply with the relevant Building Regulations.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| \* Delete whichever is inapplicable# In accordance with the registration record□ Enter “✓”in the appropriate box | Date |  |  | Signature# of **□** authorized person *(for minor works with* appointed *prescribed building professionals appointed)* **□** prescribed registered contractor *(for minor works*  *without prescribed building professionals appointed)* |

(Rev. 9/2021)